



**Telehealth Policy Coalition Meeting
January 17, 2020
MEETING NOTES**

I. Committee Co-Chair Introductions

Ms. Kwong introduced the newly elected Co-Chairs of the two committees. Dr. Anthony Magit will Co-Chair the Education and Regulation Committee alongside current Chair Julie Bates. Dr. Magit is a pediatric otolaryngologist at Rady Children's Hospital in San Diego and serves as the chair of the Physician Well Being Committee. He has been involved in telemedicine practice for several years and is the head of the telemedicine program at Rady's.

Ms. Amy Durbin will Co-Chair the Legislation Committee alongside Ms. Erin Kelly. Ms. Durbin is a Legislative Advocate at the California Medical Association. Her main areas of expertise include health IT, privacy, health facilities, end-of-life issues, and workers' compensation.

II. Legislation Committee

Ms. Kwong began the discussion on the outcomes of the first Legislation Committee meeting of 2020. She stated that the committee wants to have a good start on legislation and bring the coalition an update on what has been discussed. The committee will continue to track and analyze state legislation and work in conjunction with the education committee to identify contacts in administration. She further mentioned that the committee had discussed creating model law and policy language to be readily available that would be based on some of the priorities identified by the coalition. Staff would take the first attempt at forming language and bring it forward to the group.

III. Governor's Budget Proposal

Items identified in the Governor's Budget that may align with the coalition's priorities include:

Broadband for All Strategy – A geomapping effort to better understand how to allocate existing funding of \$9M for broadband development.

Center for Data Insights and Innovation – This would be an integration of CalOHII, OPA and the Office of Innovation into a single agency centered around improving quality of integrated data, ensuring more collaboration between researchers, and focusing on translating research into policy.

Office of Affordability – New agency focused on bringing down costs and more focused on health care delivery. There may be an opportunity for interoperability.

Healthier California for All (formerly Cal-AIM) – Funding of \$700M for aspects of the initiatives, including enhanced care management, in lieu of services, and WPC.

Behavioral Health Quality Improvement Program – \$45M proposal to deliver behavioral health and substance abuse.

Department of Corrections – Allocates \$2M for telepsychology in the Department of Corrections.

III. **Legislation Roundup**

[AB 156](#) – Prohibits use of virtual eye exams unless certain proscribed requirements are met. *Passed Business & Professions and sent to Appropriations Committee.* (Opportunity for action: None. Telehealth language has been removed from this bill.)

[AB 384](#) – Makes certain businesses “providers” under the CMIA, and subjects “personal health record information” to the CMIA. *Held in Senate Appropriations.* (Opportunity for action: Analyze provisions against principles)

[AB 1676](#) – Requires health plan maternal mental health phone consultations for primary care physicians and obstetricians 24/7. *Held in Senate Appropriations.* (Opportunity for action: Review existing program in Massachusetts)

[AB 1689](#) – Creates mental health grant program for UC/CSU campuses. *Held in Assembly Appropriations.* (Opportunity for action: Promote telehealth in bill)

[SB 12](#) – Creates integrated Youth Mental Health Programs with physical sites across the state. *Held in Assembly Appropriations.* (Opportunity for Action: Promote telehealth in bill)

[SB 66](#) – Allows for a maximum of 2 visits per day to FQHCs/RHCs under the PPS rate if the second visit is for mental health or dental. *In Assembly- Inactive file.* (Opportunity for action: Determine effect on telehealth PPS billing)

[SB 612](#) – Requires plans and medical groups to report to OSHPD on services and supports that are geographically close to enrollees or offered in nontraditional settings, such as telehealth. *Held in Senate Appropriations.* (Opportunity for action: Monitor to understand how data will be used.)

Dr. Glassman also mentioned that his bill to address the issue of the latest DHCS provider manual not allowing patients to be established by FQHCs through telehealth is planned for introduction soon. The bill should align with the coalition’s coverage and access priorities.

IV. **Education and Regulation Committee**

Ms. Kwong began discussing the outcomes of the recent Education and Regulation Committee meeting. The committee has continued the discussion to further develop a plan for coalition fundraising. She continued, informing members that the coalition is under foundation funding that has limits. Depending on how involved the coalition wants to be, there may need to be more funding to do those activities so that foundation funding is used inappropriately.

The committee also discussed stakeholder outreach and education. There was a great opportunity last year with the legislative briefing and the committee has decided to do more of those briefings. The committee is exploring other opportunities to do greater outreach and the possibility of having a presence at coalition conferences and events. Mr. Franceschini continued, stating the committee will be exploring more next month on how to streamline and refine doing more briefings in alliance with what is being heard from state policymakers. They are looking into how that translates into education materials like a webinar.

V. **Other**

CCHP has compiled a list of CMS telehealth letter responses. Usually CMS only responds to the questions directly, however these are interesting pieces of policy that others would benefit from if shared. If any members have any telehealth response letters from CMS, please send them to CCHP and we will keep our list updated.

VI. **Next Steps**

- Legislation committee develop model law and policy language based on coalition priorities
- Education and Regulation committee will explore opportunities for future briefings and educational opportunities.

CCHP serves as the convener of the Telehealth Policy Coalition monthly conference calls. The purpose of these calls is to share relevant information and provide a forum for strategy discussions.

Monthly Meeting

January 17, 2020



California
Telehealth
Policy
Coalition

Agenda

Introductions	10 min.
Legislation Committee Updates	15 min
Education and Regulation Committee Updates	15 min
Wrap up	10 min

Legislation Committee Update

Chair: Erin Kelly, California Children's Specialty Care Coalition

Vice Chair: Amy Durbin, California Medical Association

Monthly Meeting: January 16, 2020

Next steps for February:

- Identify contacts for and schedule meetings with Governor's office, Legislative staff and CHHS to understand their policy priorities for the year
- Begin tracking and analyzing state legislation
- Discuss topics for model law and policy

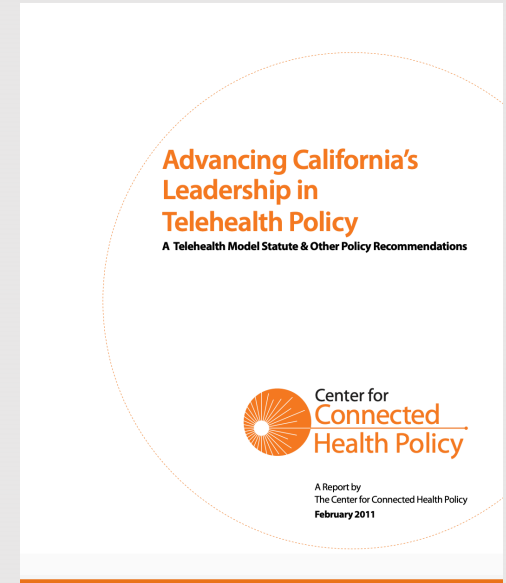
Legislation Committee Plan for 2020

Five Policy Priority Areas
Coverage and Access
Data Sharing
Education
State Coordination and Urgency
Monitoring and Implementation

Action Items from November Annual Meeting	Next Steps
<ul style="list-style-type: none"> • Support a bill that establishes payment parity for Medi-Cal managed care • Support a bill promoting or funding broadband access • Re-submit bill on RPM coverage in Medi-Cal 	<p>Legislation Committee Framework for Next Steps:</p> <ul style="list-style-type: none"> • Monitor for bill introduction, budget proposal • Analyze the item to determine whether to support; request amendments, clarifications improvements; or oppose • Determine whether letter of support/ comment letter or in-person meeting may be appropriate (i.e., for a bill, budget proposal, etc.) and align with Education and Regulation Committee's next steps • Consider whether the policy area aligns with Coalition priorities and may be ripe area for model law and policy development
<ul style="list-style-type: none"> • Support EHR interoperability bill, promote standards for data sharing 	
<ul style="list-style-type: none"> • Re-submit bill on telehealth resources to feature a telehealth dashboard; include language on a telehealth coordinator at state level 	
<ul style="list-style-type: none"> • Analyze and score all telehealth-related bills 	

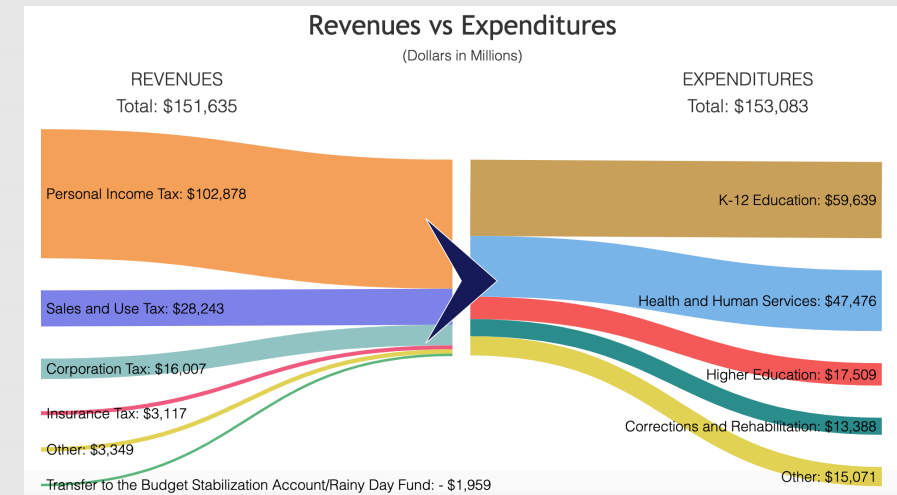
Proposal: Generate model law and policy

- **Background:** Given its focus on telehealth, diverse set of stakeholders and capabilities for bill analysis, the Coalition has opportunity to be a state leader on telehealth law and policy.
 - No other California coalition is publishing model law and policy on telehealth, especially with a California focus
- **Proposal:** Beginning in April, determine 2-3 topics on which the Legislation Committee and Coalition can produce model law and policy, based on the Coalition's agenda and bills put forward
 - April- Sept.: Assess topics for model law policy development based on Coalition policy priorities and principles
 - October- November: Develop 2-3 model laws or policies that can be shared with Coalition members and allies related to telehealth



Summary of items in the Governor's Budget

- **Broadband for All strategy:** geomapping to drive allocation of existing funding
- **Center for Data Insights and Innovation:** integration of CalOHII, OPA and Office of Innovation into single agency to drive evidence-based programming and decision-making
- **Office of Affordability:** new agency to take a multisector approach to bring down health care costs
- **Healthier California for All (formerly Cal-AIM):** funding for several aspects of the initiatives, including enhanced care mgmt., in lieu of services, WPC
- **Behavioral Health Quality Improvement Program:** proposes \$45.1M for county MH and SU, including for data sharing capability enhancement, data collection for VBP
- **Corrections-** \$2M for telepsychology
- See Appendix for more detail.



State Legislation Tracking- Holdover bills from 2019

Bill No.	Summary	Status	Opportunity for Action	Leg. Comm. Rec.
A.B. 156 (Voepel)	Prohibits use of virtual eye exams unless certain proscribed req'ts met	<i>Passed B&P (1/15), sent to Approps.</i>	<i>NONE- Telehealth language has been redlined</i>	
A.B. 384 (Portantino)	Makes certain businesses “providers” under the CMIA, and subjects “personal health record information” to the CMIA	Held in Sen. Approps.	<i>Analyze provisions against principles</i>	
A.B. 1676 (Maienschein)	Req’s health plan maternal mental health phone consultations for PCP/OB 24/7	Held in Asm. Approps.	<i>Review existing program in Mass.</i>	
A.B. 1689 (McCarty)	Creates mental health grant program for UC/CSU campuses	Held in Asm. Approps.	<i>Promote telehealth in bill</i>	
S.B. 12 (Beall)	Creates integrated Youth Mental Health Programs with physical sites across the state	Held in Asm. Approps.	<i>Promote telehealth in bill</i>	
S.B. 66 (Atkins and McGuire)	Allows for max. of 2 visits per day to FQHC/RHC under PPS rate if 2 nd visit for mental health or dental	Asm.- Inactive file	<i>Determine effect on telehealth PPS billing</i>	
S.B. 612 (Pan)	Req’s plans and medical groups to report to OSHPD on servs/supports geog. close to enrollees or offered in nontraditional settings, such as telehealth	Held in Sen. Approps.	<i>Monitor to understand how data will be used</i>	

Federal Legislation Update- Bills to Track

Bill Name and No.	Summary	Status
Data Mapping to Save Moms' Lives Act (S.3152, Rosen)	Req's FCC to collect geomapping data on maternal mental health into broadband health maps	<ul style="list-style-type: none"> • Introduced 1/7/20
STAR Act (H.R.5190, Harder)	Provides funding for telehealth pilots across U.S., including for e-consult	<ul style="list-style-type: none"> • Introduced 11/20/19 • Referred to Committee on Energy and Commerce 11/20/19
CONNECT for Health Act of 2019 (S.2741, Schatz)	Allows for HHS Secretary waiver of geographic req'ts for telehealth in Medicare, FQHCs, RHCs, during emergencies; req's MedPAC study on how payers cover home as originating site, what services would be suitable for Medicare w/ home as originating site; encourages CMMI to test telehealth models	<ul style="list-style-type: none"> • Introduced 10/30/19
Teleabortion Prevention Act of 2019 (H.R.4935, Wright)	Makes illegal the furnishing of medication abortions without physical examination and provider's physical presence at the site of the patient	<ul style="list-style-type: none"> • Introduced 10/30/19 • Referred to Subcomm. On Crime, Terrorism, and Homeland Security

Education and Regulation Committee Update

Chair: Julie Bates, AARP

Vice Chair: Dr. Anthony Magit, Rady's Children's Hospital, CSCC, UCSD

Monthly Meeting: January 10, 2020

Next Steps for February:

- Review proposals for Charter policies and procedures
- Refine strategy for stakeholder education and outreach (incl. topic for first briefing, companion webinar(s) and conference presentations)
- Further develop plan for Coalition fundraising

Stakeholder Outreach and Education

Identified considerations for outreach and education activities:

- ✓ Timing
- ✓ State priorities
- ✓ Coalition's policy priorities
- ✓ How to leverage member conferences and meetings
- ✓ Purpose of educational outreach: informational with a point of view



Next Steps and Announcements

- Next committee meetings (to be scheduled)
- Next coalition-wide meeting (February 21, 1-2 pm)
- CCHP Compilation of CMS letters
 - *Helpful guidance from CMS on Medicare billing issues*



CMS Telehealth Letter Responses

Medicare telehealth policy is generally detailed in the Medicare Learning Network (MLN)'s [Booklet on Telehealth Services](#) issued at the beginning of each year. However, occasionally questions are raised regarding telehealth reimbursement that are not addressed in the Booklet. As a result, requests for additional clarification are submitted to the Centers for Medicare and Medicaid Services (CMS) through email, and are responded to through a formal letter issued by CMS.

CCHP has gathered the letters that address telehealth-specific questions submitted to CMS by staff from the fourteen Telehealth Resource Centers. A simplified FAQ summarizing the content of the letters has been provided below organized by topic area, followed by the actual letters.

If you are a recipient of one of these telehealth-related letters, please feel free to forward it to christine@cchpca.org who will include it in future versions of this resource.

Advanced Beneficiary Notice (ABN)

- [Does CMS allow Medicare providers to use an electronic signature when issuing an advanced beneficiary notice \(ABN\)?](#)
 - **Short Answer:** Yes, but the beneficiary must be given a paper copy of the signed ABN to keep for his/her records.
- [Could a Medicare provider classify certain non-covered Medicare services as services which are never covered by Medicare \(i.e. telehealth services to patients in urban areas\) and avoid having to issue the ABN?](#)
 - **Short Answer:** No, an ABN must be issued in order to transfer potential financial liability to the Medicare beneficiary for non-covered services.

CMS-1500 Billing Form

- [When the patient and provider are not in the same location \(as is the case for telehealth\), what address should be used in Item 32 in the CMS-1500 billing form?](#)
 - **Short Answer, Letter 1:** The practitioner should enter on the claim the address where they typically practice. If a practitioner works from home 100% of the time, the home address is the address used on the claim.
 - **Short Answer, Letter 2:** If the practitioner is furnishing professional services from their home office, the practitioner should indicate their home address on line 32, but they should ensure their home office address is recorded in their Medicare Providers Enrollment, Chain and Ownership System (PECOS) enrollment record.

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Appendix

Key dates on the California 2020 legislative calendar

January	●	Jan. 6:	Legislature reconvenes
		Jan. 10:	Governor submits budget to Legislature
February		Jan. 31:	Last day for houses to pass bills introduced in 2019
	●	Feb. 21:	Last day for bills to be introduced
March		Apr.2-12:	Spring recess
April		Apr. 24:	Last day for policy comms. to hear/report to approps. fiscal bills introduced in their house
		May 1:	Last day for policy comms. to hear/report to the floor nonfiscal bills introduced in their house
May		May 19:	Last day for approps. comms. to hear and report to floor bills introduced in their house
	●	May 29:	Last for each house to pass bills introduced in that house
June	●	Jun. 15:	Budget bill must be passed by midnight
July		Jun. 26:	Last day for policy comms. to hear/report fiscal bills to approps. comms.
		Jul. 2:	Last day for policy comms. To meet and report nonfiscal bills
August		Jul. 3-Aug.2:	Summer recess
	●	Aug. 31:	Last day for each house to pass bills
September			
	●	Sept. 30:	Last day for Governor to sign or veto bills passed by Legislature
October			
November			
December			

Review of Coalition principles for Charter

- ❑ **Promote access and coverage:** Promote access to care through telehealth and coverage of telehealth services
- ❑ **Enhance care coordination:** Reinforce the patient-centered medical home model and reduce care fragmentation both within and among systems
- ❑ **Promote provider and patient engagement:** Promote the participation of providers in efforts that improve performance and patient health outcomes, and the involvement of patients in their health care
- ❑ **Reinforce clinical quality:** Reinforce desirable, measurable outcomes, specifically those used by regulators and produced by standard-setting organizations
- ❑ **Ensure data privacy and security:** Ensure data privacy and security, particularly as those standards are prescribed by law and industry standards

Template for scoring bills

Principle	Determination	Reasoning
Promote access and coverage		
Enhance care coordination		
Promote provider and patient engagement		
Reinforce clinical quality		
Ensure data privacy and security		
Recommendations and Next Steps		

Key Items in the Governor's Budget

“Broadband for All” strategy: request CPUC lead geomapping effort to measure extent of broadband gaps for households, use data to steer how to allocate \$900M in existing broadband funds

Center for Data Insights and Innovation: would integrate CalOHII, Office of the Patient Advocate, Office of Innovation into single entity with three anticipated outcomes:

- (1) improve operational use and quality of integrated data for program planning, policy development, and rigorous research and evaluation
- (2) increase state's ability to create evidence-based programs and maximize federal reimbursements
- (3) enhance the capacity of state staff to use linked data to inform policy and decision making
- (4) increase collaboration between university-based researchers and state staff to translate data into knowledge
- (5) improve the rigor, transparency, and reproducibility of research with Agency data in order to create better services that generate more equitable outcomes for all Californians.

Behavioral Health Task Force: multi-stakeholder group will review existing policies and programs to improve the quality of care, and coordinate system transformation to better prevent and respond to the impact of mental illness and SUD in California

Key Items in the Governor's Budget, cont'd

Healthier California for All (formerly Cal-AIM): allocates \$695M in 2020-21 (growing to \$1.4B in 2021-22, 2022-23) for enhanced care management, in lieu of services, infrastructure for Whole Person Care, and dental initiatives; placeholder allocation of \$40M for Healthier California for All operations (formal proposal coming in spring)

Behavioral Health Quality Improvement Program: proposes \$45.1M for county mental health and substance use, including enhanced data sharing capabilities, foundational elements of VBP such as data collection, performance measurement and reporting

Proposed Policy Priorities and Activities for 2020

- Introduce on Friday's call and have committees review and finalize on their next calls
- Split into five categories
 - Coverage and Access
 - Data Sharing
 - Education
 - State Coordination and Urgency
 - Implementation and Monitoring
- See appendix for more detailed notes and ideas from break outs

Coverage and Access

Vision for 2020: Support policies that work to “bridge the digital divide” and close gaps in access to telehealth services in California.

Activities:

- Leg. Comm.: Support bill (if put forward) that includes payment parity for Medi-Cal managed care.
- Leg./Reg. Comms.: Understand federal and state FQHC billing restrictions that led to telehealth reimbursement carve-outs. Support bills or regulatory outreach that works to eliminate these carve-outs.
- Reg. Comm.: Submit comments to DMHC in 2020 on timely access standards for commercial plans related to how telehealth is counted in alternative access standards.
- Leg. Comm.: Supporting policies promoting greater broadband access

Data Sharing

Vision for 2020: Help standardize telehealth data metrics and reporting requirements to promote rigorous research and create a single “source of truth” on the state of telehealth in California.

Activities:

- Leg. Comm.: Re-submit 2019 bill to create dashboard for telehealth (utilization, claims)
- Leg. Comm.: Work with EHR interoperability bill sponsor (CMA) to encourage standardized language and datasets for data sharing among systems (i.e., HL7 or other standards)
- Leg./Ed. Comm.: Support idea of state coordinator on telehealth (see other slide). Include language requiring position to include leadership on creating standards for telehealth data sharing. Consider how data can be reported in a standard way across payers (i.e., consistent file formats and fields).

Education

Vision for 2020: Foster an improved understanding of telehealth for stakeholders through targeted messaging and content aimed at specific stakeholders.

Activities:

- Ed. Comm.: Create provider campaigns on billing (“how to bill for telehealth”) and telehealth 101 (“more than just phone calls”). Could include webinars in addition to fact sheets.
- All committees: Evaluate the current state of provider and patient utilization of telehealth in California using surveys or interviews. Understand how utilization varies by insurance type. Use these findings to feed into a provider and patient strategy for 2021.
- Leg./Reg. Comms.: Continue regular legislative and regulatory updates. Highlight promising practices in other states.
- Continue legislative briefings.
- Defining value of telehealth

State Coordination and Urgency

Vision for 2020: Generate a sense of enthusiasm and urgency among California health policy leaders around telehealth's role in meeting the health needs of Californians.

Activities:

- Reg. Comm.: Submit comments in coming weeks to DHCS on CalAIM proposal. Identify specific areas in the proposal where telehealth/health IT services or data metrics should be included.
- Leg. Comm: Put forward a bill creating a state “connected health” coordinator (plus staff) and an advisory board (lift HI/AK language). Plan within the first 6 months. Ensure coordinator works with all relevant departments (DHCS, DMHC, CDE, OSHPD, OES?). Consider how Governor’s Office of Emergency Services and wildfire response fit in. Include strategic planning in role along the lines of the Surgeon General.
- Ed. Comm: Establish connection with Governor’s office and CHHS leaders to promote idea of state coordinator. Understand how telehealth fits into Governor’s priorities (lower TCOC, wildfire response). Present letter lining up telehealth priorities with Governor’s priorities (broadband, emergency response, Health For All Commission)

Implementation and Monitoring

Vision for 2020: Establish the Coalition as the convenor with state agencies on issues related to telehealth to ensure that laws and regulations are implemented in ways that promote our principles.

Activities:

- Reg. Comm.: Create a Regulatory Committee that monitors regulation implementation. Identify leads for this work.
- Reg. Comm.: Engage state agencies (and associations to get the word out- CAHP, LHPC, CMA, CPCA) for ongoing stakeholder dialogue around telehealth. Develop an overall strategy for this work that could be replicated (i.e., a playbook). Need clarity around the law and what you can bill for (and cannot); what are the differences between Medi-Cal and commercial. Develop FAQs
- Ed. Comm.: Expand coalition's reach to include more individuals from the government and consumer space. Leverage existing connections.

CalAIM Comments Submitted to DHCS

*Thank you to all
who submitted
edits, comments
and other
feedback!*

Managed Care Plan reporting on telehealth activities in Population Health Management Strategies

- Request that DHCS specifically allow for MCP reporting on telehealth on population health management initiatives

Telehealth provided in “in lieu of services”

- Allow MCPs to use telehealth to provide additional services and supports to members, such as in respite care

Consideration of telehealth in rate-setting

- Determine how to calculate MCP investments in telehealth when setting rates for MCPs

“Connected care coordinator” position

- Establish a coordinator position to oversee all the data sharing elements of CalAIM and wider technology strategy for DHCS on subjects like telehealth policy

Awareness of telehealth

- Ensure that initiatives like full integration plans don't require “in-person services” where unnecessary